Mail to:

Division of Compliance Assistance Certification and Licensing Branch Operator Certification Program 300 Fair Oaks Lane Frankfort, KY 40601 Commonwealth of Kentucky
Department for Environmental Protection

Registration Form For Exams and Training

Drinking Water Treatment, Drinking Water Distribution, Bottled Water, Wastewater Treatment and Collection System

Telephone: 1-800-926-8111 www.dca.ky.gov/certification

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If this is your first time testing at a specific level, you must complete this form as well as the Education and Experience

Documentation Form.							
APPLICANT INFORMATION Agency Interest Number (As shown on wallet card)					Certification Level and License Number		
, , , ,				33.4			
Name (First) (Middle Initial) (Last)							
Address (Number and Street)			State		ate	Zip Code	
E-Mail address			Business Phone Number		Fax Number		
FACILITY INFORMATION							
List all facilities where you currently work as an operator. (Only list those you have added since your last update).							
Facility Name	County	KPDES, PWSID or Age Interest Number		ite	Design Capacity, Daily Flow of Facilit or Population Serve		
CERTIFICATION REQUESTED							
Surface Water	Ground Water	Water Distribution		Wastew	ater Treatment	Collection System	
Treatment ☐ I-AD ☐ OIT	Treatment ☐ I-BD ☐ OIT	□ I-D □ OIT	Water BW		ПОІТ	П І Поіт	
II-A OIT III-A OIT III-A OIT IV-A OIT Limited	II-BD OIT OIT OIT OIT OIT	II-D OIT	BW OIT		□ OIT □ OIT □ OIT		
☐ First test at this level Do you need study material? ☐ Yes ☐ No							
Retest: Date of last test							
CLASS AND/OR EXAM REQUEST							
Provide event information from the current schedule. (First and alternative choices should be listed).							
Event Code	Date	Event Title (Exam and/o	or Training Course)		Location	Fee	
2 nd							
If with a small drinking water system, are you eligible for the Expense Reimbursement Grant (ERG)? Yes No							
If yes, do not submit exam or training fees, they will be paid through the grant.							
Registration applications must be submitted with a check or money order made payable to the Kentucky State Treasurer. Applications submitted without payment will not be processed. Registration for training and testing events must be received at least 30 days in advance. Examination fees are non-refundable. Certification school and continuing education registration fees will be refunded at 50% if registration is cancelled at least two (2) business days prior to the beginning of the training event. Registration fees are as follows:							
Two-day continuing educat	tory training without T	Two-day certification preparatory training with exam (Wastewater Treatment Class 1 and Wastewater Collection Class I-IV only) - \$160.00					
Three-day continuing educa	atory training without	Three-day certification preparatory training with exam - \$190.00					
exam - \$90.00 Exam Only - \$100.00							
The Kentucky Energy and Environment Cabinet does not discriminate on the basis of race, color, national origin, sex, age, religion or disability and provides, on request,							

The Kentucky Energy and Environment Cabinet does not discriminate on the basis of race, color, national origin, sex, age, religion or disability and provides, on request, reasonable accommodations, including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. To request materials in an alternative format, contact the Division of Compliance Assistance at the address listed above or by calling 1-502-564-0323 or 1-800-926-8111.

Amount Paid:

Check Number:

Do not write in this space

